

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3366HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2009
NAME OF PROVIDER OR SUPPLIER VISION HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PARKWAY SUITE 402 LAS VEGAS, NV 89109		
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H 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure survey conducted at your agency on June 23, 2009 and finalized on June 24, 2009 in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>The agency's census was 28 patients. Six active and two discharged files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	H 00		
H131 SS=C	<p>449.770 Governing Body; Bylaws</p> <p>6. The governing body shall adopt bylaws or an acceptable equivalent in accordance with legal requirements. The bylaws must be written, revised as needed, and made available to all members of the governing body, the health division and the advisory group. the terms of the bylaws must include at least the following:</p> <p>(a) The basis upon which members of the governing body are selected, their terms of office of their duties and responsibilities.</p> <p>(b) A provision specifying to whom responsibilities for the administration and supervision of the program and the evaluation of practices may be delegated, and the methods established by the governing body for holding those persons responsible.</p>	H131		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H131	Continued From page 1 (c) A provision specifying the frequency of board meetings and requiring that minutes be taken at each meeting. (d) A provision requiring the establishment of personnel policies. (e) the agency's statements of objectives. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide a policy specifying to whom responsibilities for the administration and supervision of the program and the evaluation of practices could be delegated, and the methods established by the governing body for holding those persons responsible. Severity: 1 Scope: 3	H131			
H139 SS=C	449.776 Director of Professional Services 2. The director of professional services shall: (a) Direct, supervise and coordinate the skilled nursing services and other therapeutic services provided by the agency. (b) Develop and revise written objectives for the care of the patients, policies and procedure manuals. (c) Assist in the development of descriptions of jobs. (d) Assist in the recruitment and selection of personnel. (e) Recommend to the administrator the number and levels of members of the nursing staff. (f) Plan and conduct orientations and continuing education for members of the staff engaged in the care of patients. (g) Evaluate the performance of the nursing staff. (h) Assist in planning and budgeting for the	H139			

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H139	Continued From page 2 provision of services. (i) Assist in establishing criteria for the admission and discharge of patients. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to provide a policy ensuring its Director of Nursing assisted in development of job descriptions and established criteria for the admission and discharge of patients. Severity: 1 Scope: 3	H139		
H152 SS=F	449.782 Personnel Policies A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for: 6. The maintenance of employee records which confirm that personnel policies are followed; This Regulation is not met as evidenced by: Based on personnel record review and policy review, the agency failed to ensure the completion of criminal background checks for 3 of 10 employees (Employee #2, #5 and #7). Findings include: 1. The agency's personnel records policy indicated the following: "the personnel record for an employee with include...criminal history and background checks as required by law". Severity: 2 Scope: 3	H152		

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H153	Continued From page 3	H153		
H153 SS=F	<p>449.782 Personnel Policies</p> <p>A home health agency shall establish written policies concerning the qualification, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:</p> <p>7. The annual testing of all employees who have contact with patients for tuberculosis pursuant to NAC 441A.375; and</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120 <http://www.leg.state.nv.us/NRS/NRS-441A.html>)</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing</p>	H153 H153		

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H153	<p>Continued From page 4</p> <p>the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>È If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 <http://www.leg.state.nv.us/NAC/NAC-441A.html>.</p> <p>4. An employee with a documented history of</p>	H153			

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H153	Continued From page 5 a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200 < http://www.leg.state.nv.us/NAC/NAC-441A.html >. 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006) Based on personnel record review, the agency failed to ensure employees received tuberculosis screening pursuant to NAC 441A.375 in 4 of 10 employees (#4, #5, #6, and #8). Severity: 2 Scope: 3	H153		
H157 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency,	H157		

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H157	Continued From page 6 person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 3. Describe how the contracted personnel are to be supervised. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to described how it would supervise contracted personnel in its service contracts. Severity: 2 Scope: 3	H157		
H159 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 5. Provide for the reporting of clinical notes and observations by contracted personnel for inclusion in the records of the primary home health agency to facilitate planning and evaluating patient care and to document the care given. Periodic progress notes by appropriate members of the staff must be submitted at least every 14 days and more often if warranted by the patient's condition. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to provide a policy requiring the submission of staff progress notes at least every 14 days in its service contracts. Findings include: 1. According to the agency's service contract, the agency allowed 30 days.	H159		

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H159	Continued From page 7 Severity: 2 Scope: 3	H159			
H162 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 8. Assure that personnel and services contracted for, meet the requirements specified in NAC 449.749 to 449.800, inclusive, for home health agency personnel and services, including licensure, personnel qualifications, medical examination, functions, supervision, orientation, inservice education and case conferences. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to provide a policy requiring supervision of contracted personnel in its service contracts. Severity: 2 Scope: 3	H162			
H163 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 9. Provide for the acceptance of patients for home health service only by the primary home health agency. Patients may not be admitted for home health service by any person without an appropriate review of the case and acceptance of	H163			

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H163	Continued From page 8 the patient by the agency. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to provide for the acceptance of patients for home health service only by the primary agency in its service contracts. Severity: 2 Scope: 3	H163		
H164 SS=F	449.785 Contracts for Home Health Services If a home health agency provides home health services under a contract with another agency, person or nonprofit agency, it must require that such services be furnished in accordance with the terms of the written contract. The contract must: 10. Assure that personnel and services contracted for will provide treatment to referred patients without regard to race, creed or national origin. This Regulation is not met as evidenced by: Based on document review and interview, the agency failed to provide a nondiscrimination statement in its service contracts. Severity: 2 Scope: 3	H164		
H170 SS=E	449.791 Duties of Personnel 2. A licensed practical nurse may perform certain nursing procedures under the supervision of the registered nurse. This Regulation is not met as evidenced by: Based record review and interview, the agency's registered nurses (RNs) failed to supervise licensed practical nurses (LPNs) for 2 of 10 patients (Patients #1 and #2).	H170		

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H170	Continued From page 9 Findings include: 1. Patient #1 had LPN supervisory visits on March 17 and May 8 2009. 2. Patient #2 had LPN supervisory visits on May 9 and June 13 2009. Severity: 2 Scope: 1	H170			
H177 SS=A	449.793 Evaluation by Governing Body 3. A committee shall review the management and office procedures of the agency to ascertain that: (a) The agency is being operated in the most effective and economical means while still giving quality service. (b) All office procedures are up to date, filing is correctly done and bookkeeping is meeting accepted accounting procedures and is current. (c) Equipment is in good repair an adequately meets operational needs. This Regulation is not met as evidenced by: Based on policy review and interview, the agency failed to provide a policy requiring a committee to ensure the office equipment was in good repair and adequately met the agency's needs. Severity: 1 Scope: 1	H177			
H179 SS=C	449.793 Evaluation by Governing Body 5. A committee shall review the medical and personnel policies to ensure that the policies are being fulfilled and necessary changes or additions are effected. This Regulation is not met as evidenced by: Based on policy review and interview, the agency failed to provide a policy requiring a committee to	H179			

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H179	Continued From page 10 review medical and personnel policies. Severity: 1 Scope: 3	H179		
H180 SS=F	449.793 Evaluation by Governing Body 6. The governing body shall provide for a quarterly review of 10 percent of the records of patients who have received services during the preceding 3 months in each services area. The members of the committee must include an administrative representative, a physician, a registered nurse and a clerk or librarian who keeps records. The clerk or librarian shall review the clinical records to ensure that they are complete, that all forms are properly filled out and that documentation complies with good medical practices. The committee shall determine whether the services have been provided to the patients in an adequate and appropriate manner by all levels of service. The committee shall record any deficiencies and make necessary recommendations to the administrator. If the branch offices are small, two or more offices may establish one committee to review cases from each are. Each subunit agency must establish a committee to review cases within its area. Minutes of the committee's meetings must be documented and available for review. This Regulation is not met as evidenced by: Based on policy review and interview the agency failed to provide a policy requiring a quarterly review of 10% of the records of patients who received services during the preceding three months in each service area. Severity: 2 Scope: 3	H180		

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H185	Continued From page 11	H185		
H185 SS=C	449.797 Contents of Clinical Records Clinical records must contain: 2. Information as to whether home health services are after hospitalization in a hospital, skilled nursing facility or other health services facility and, if so, the dates of admission and discharge from these facilities. This Regulation is not met as evidenced by: Based on policy review and interview the agency failed to provide a policy requiring admission and discharge dates from transferring facilities. Severity: 1 Scope: 3	H185		
H186 SS=C	449.797 Contents of Clinical Records Clinical records must contain: 3. A clinical summary from the hospital, skilled nursing facility or other health service facility from which the patient is transferred to the home health agency. This Regulation is not met as evidenced by: Based on policy review and interview the agency failed to provide a policy requiring clinical summaries from transferring facilities. Severity: 1 Scope: 3	H186		
H187 SS=C	449.797 Contents of Clinical Records Clinical records must contain: 4. A plan for patient care which includes: (a) Objectives and approaches for providing services. (b) Diagnoses of all medical conditions relevant to a plan of treatment. (c) Physical traits pertinent to the plan for care,	H187		

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H187	Continued From page 12 (d) Nursing services required and the level of care and frequency of visits, special care which is required, such as dressing and catheter changes, and specific observations to be brought to the physician's attention. (e) Requirements of therapy, such as physical, speech, occupational or inhalation therapy with specific instructions for each. (f) Requirements of activity, such as the degree allowed and any assistance required. (g) Medical appliances needed, such as crutches, walkers, braces or equipment for respiratory care. (h) Nutritional needs. (i) Medical supplies needed, such as dressings or irrigation sets. (j) The degree of participation of the family in the care. This Regulation is not met as evidenced by: Based on policy review and interview, the agency failed to provide a clinical record policy requiring the specificity of the level of nursing care and visit frequency. Severity: 1 Scope: 3	H187			
H189 SS=C	449.797 Contents of Clinical Records 6. Nurses' notes that follow a good medical format, including pertinent observations regarding a patient's physical and mental status, procedures done, examinations, dietary status and recommendations. This Regulation is not met as evidenced by: Based on record review, policy review and interview, the agency failed to provide a policy specifying nurses' notes had to include pertinent observations regarding a patient's physical and mental status, procedures done, examinations,	H189			

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H189	Continued From page 13 dietary status and recommendations. Severity: 1 Scope: 3	H189		
H190 SS=C	449.797 Contents of Clinical Records 7. Therapist's notes, if applicable, stating the rehabilitative procedures, progress and the types, duration and frequency of the modalities rendered. This Regulation is not met as evidenced by: Based on record review, policy review and interview, the agency failed to provide a policy specifying therapists' notes had to include rehabilitative procedures, progress, types, duration, and frequencies of modalities rendered. Severity: 1 Scope: 3	H190		
H195 SS=A	449.800 Medical Orders 2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Based on record review, the agency failed to ensure physicians signed medical orders within 20 working days for 1 of 8 patients (Patient #1). Findings include: 1. A plan of care, dated 4/24/09 to 6/22/09, failed to meet Nevada Administrative Code 449.800(2) for Patient #1.	H195		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3366HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2009
NAME OF PROVIDER OR SUPPLIER VISION HEALTH CARE INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PARKWAY SUITE 402 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H195	Continued From page 14 Severity: 1 Scope: 1	H195		
H197 SS=C	449.800 Medical Orders 5. The agency must have an established policy regarding the administration of injectable narcotics and other drugs subject to the drug abuse law. If the policy allows the administration of injectable narcotics and other dangerous drugs subject to drug abuse law, they must be prescribed according to state regulations. This Regulation is not met as evidenced by: Based on policy review, the agency failed to address state regulations within its narcotics/dangerous drugs policy. Findings include: The agency's "controlled substance record" policy failed to indicate whether controlled substances and other dangerous drugs were prescribed according to state regulations. Severity: 1 Scope: 3	H197		
H200 SS=E	449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Based on record review and interview, the agency failed to properly address changes in the plan of care for 2 of 10 patients (Patient #3 and #7). Findings include: 1. For Patient #3, the agency failed to document twice weekly skilled nurse visits from May 3rd to	H200		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3366HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2009
NAME OF PROVIDER OR SUPPLIER VISION HEALTH CARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2770 S MARYLAND PARKWAY SUITE 402 LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H200	<p>Continued From page 15</p> <p>May 16th and after June 2nd 2009.</p> <p>2. For Patient #7, the agency documented two skilled nurse visits between April 5th and April 11th when the physician ordered three visits.</p> <p>3. For Patient #7, the agency documented one skilled nurse visit between April 19th and April 25th when the physician ordered two visits.</p> <p>4. Both files lacked a physician's order reducing the number of skilled nursing visits.</p> <p>5. According to the agency's Quality of Services and Products policy, "a verbal order will be obtained for any change in the plan of care and communicated to all appropriate team members to ensure that care is provided according to the revised plan of care."</p> <p>Severity: 2 Scope: 1</p>	H200			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.